

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10038</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>MICHAEL D JOHNSON</u> P.O. Box, Bldg., Room No., if any Street <u>1602 STONE HAVEN VILLAGE CIRCLE</u> City <u>SPRING</u> State <u>TEXAS</u> ZIP Code + 4 <u>77386 2270</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS LOCAL 68 - HOUSTON AREA</u> Labor Organization File Number <u>039 449</u> P.O. Box, Building and Room Number, if any <u>PO BOX 8746</u> Street <u>502 LINK ROAD</u> City <u>HOUSTON</u> State <u>TEXAS</u> ZIP Code + 4 <u>77009</u>
5. Position in labor organization. <u>COMMITTEE MAN - COMMUNITY SERVICES</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>HOUSTON AREA PLUMBING JAC</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>454 LINK ROAD</u> City <u>HOUSTON</u> State <u>TEXAS</u> ZIP Code + 4 <u>77009</u>	7. a. Nature of Interest, Transaction, or Income. <u>3-2-04 MEMBERSHIP DUES ASSE 85.00</u> <u>5-19-04 ACCIDENTAL INSURANCE 9.00</u> <u>7-13-04 EXPENSE ALLOWANCE INSTRUCTOR TRAINING 450.00</u> <u>7-30-04 AIR FARE FOR INSTRUCTOR TRAIN. 256.00</u> 7. b. Amount. <u>8-25-04 - AUTO RENTAL FOR INSTRUCTOR TRAINING 113.00</u> <u>8-25-04 - LODGING FOR INSTRUCTOR TRAINING 630.00</u> <u>8-25-04 INSTRUCTOR ALLOWANCE DINNER 50.00</u> <u>9-14-04 REIMBURSEMENT FOR EXPENSES INSTRUCTOR TRAINING 35.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael D. Johnson

On

8-7-05

Date

281-364-8752

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <hr/> <p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <hr/> <p>14.b. Amount of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	